Form Approveed
OMB No. 0960-0189

RSI/DI QUALITY REVIEW CASE ANALYSIS – SAMPLED NUMBER HOLDER

DESK REVIEW

NOTE TO REVIEWER: In opening the interview, explain that this case is one of a small number selected by chance for review and that the purpose of this review is to find out how well the Social Security program is working. Tell them that the review consists of asking questions about their entitlement to Social Security benefits and that we may need to talk to others who have information about their entitlement. If necessary, point out that the Social Security Administration is authorized by law to review from time to time the entitlement of beneficiaries.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. The beneficiary is not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the necessary facts, and answer the questions. Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

FIELD/TELEPHONE REVIEW

I. IDENTIFYING AND REVIEW INFORMATION

A. SIC: _____ B. NH’s SSN: _____

C. Sample Selection Date (As Shown on SCL): _____

D. Review Amount on SCL: $ _____

E. Review Amount Determined by QR: $ _____

F. Explanation of SCL Changes, if Any: ______

G. NH’s Name (As Shown on MBR): _____

H. NH’s Address/Phone

Address: ______

Phone: (____) _____

I. Payee Name Address/Phone

Name: _____

Address: ______

Phone: (____) _____

☐ NH Under FRA and Entitled to RIB in Closed Year (Complete SSA-4281/SSA-4659)

II. NUMBER HOLDER

A. Identity

Type of Interview ☐ Face-to-Face ☐ Telephone

B. Other Names and SSNs Shown in Claims Folder/Numident

1. Other _____ _____

2. Other SSNs: _____ _____

C. Date of Birth/Citizenship

1. Date of Birth and Proof Code on MBR Printout: _____ _____

2. Place of Birth: _____

3. MN: _____ FN: _____

4. Applications Filed 12/1/96 or Later: ☐ U.S. Citizen/National ☐ Lawfully-Present Alien

5. Evidenc

/Documentation in Claims Folder/MCS Screens:

6. Evidence Needing Verificatio

:

7. Date of Birth Established by Desk Review: _____

8. Citizenship/Alien Status Established by

esk Review:

Remarks: _____

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
A. Identity	A. Identity
1. Existence Verified by:	
☐ Observation ☐ Photo ID _____	
☐ Other: _____	
2. SSN Verified by: ☐ SSN Card ☐ Medicare Card	
☐ Other: _____	
B. Other Names and SSN’s Used	B. Other Names/SSN’s
☐ Number Holder Agrees With DR Summary	
☐ Number Holder Disagrees With DR Summary	
(Explain) _____	
C. Date of Birth and Citizenship/Alien Status	C. DOB and Citizenship/Alien
☐ Number Holder Agrees With DR Summary	
☐ Number Holder Disagrees With DR Summary	
(Explain) ______	
☐ Evidence Obtained in Field Review: _____	

II. NUMBER HOLDER

D. Application

1. Benefit Type: ☐ RIB ☐ DIB If DIB, Established Onset Date: _____

2. Date Claim Filed: _____

3. DOE (and MOEL Option Code if RIB): _____

4. DOE Determined by Desk Review: _____

Remarks: _____

E. Multiple Entitlement Involved

☐ YES (Complete Below) ☐ NO

1. Claim Number on Non-sampled SSN: _____

2. Scope of Review on Non-sampled SSN:

☐ Full Review ☐ Limited Review ☐ Not in Scope of Review

F. Other Claims Activity

1. Did the NH ever file for any other benefits (including SSI)?

☐ YES (Explain) ☐ NO

_____

2. Does the NH have any eligible children who have not filed for benefits?

☐ YES (Explain) ☐ NO

_____

3. Unadjudicated Claims Issues: ☐ NONE APPLY

☐ Unprocessed Application ☐ Deemed Filing

☐ Protective Filing ☐ Open Application

☐ Partial Adjudication ☐ Potential Entitlement (Leads)

☐ Delayed Claim ☐ Misinformation

(Explain) _____

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
D. Application ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary (Explain) ______	D. Application
E. Multiple Entitlement ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary (Explain) ______	E. Multiple Entitlement
F. Other Claims Activity ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary (Explain) ______	F. Other Claims Activity

II. NUMBER HOLDER

G. Underpayment on Sampled SSN Needed to Be Addressed

☐ YES (Explain) ☐ NO

_____

H. Recovery of Overpayment in Sample Month

☐ YES (Explain) ☐ NO

_____

I. SMI Determination ☐ NOT APPLICABLE

The SMI determination, including the premium deduction and penalty amounts (if any), is correct.

☐ YES ☐ NO (Explain)

_____

J. Payment Amount

1. Amount of CMA/SM Check: $ _____ , Period: _____
2. Payment Cycle Indicator (CYI): _____
3. Payment Combined with Other Benefit: ☐ YES ☐ NO
4. Check Amount Affected by Other Withholding (e.g., Medicare C/D Premiums, Voluntary Tax Withholding, Garnishment, Treasury Offset Program, etc.):

☐ YES (Explain) ☐ NO

_____

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
G. Underpayment ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary (Explain) _____	G. Underpayment
H. Recovery of Overpayment in Sample Month ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary (Explain) ______	H. Overpayment
I. SMI Determination ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary (Explain) ______	I. SMI Determination
J. Payment Amount ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary: (Explain) ______	J. Payment Amount

II. NUMBER HOLDER ☐ NUMBER HOLDER NEVER MARRIED

K. Marital History of Sampled Number Holder

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

2. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

II. NUMBER HOLDER

K. Marital History of Sampled Number Holder

☐ Number Holder Agrees With Marital History in DR Summary

☐ Number Holder Disagrees With DR Summary: (Complete Below)

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

2. Prior Marriage to: _____

a. Age/Date of Birth _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated _____

i. Evidence Obtained: _____

Consolidated Review: _____

II. NUMBER HOLDER

L. Computation Information

1. Work Issues — Explanation

- ☐ Wages _____
- ☐ Self-Employment _____
- ☐ Lag Wages/SEI _____
- ☐ Gaps _____
- ☐ Annual Reports _____
- ☐ Other _____

2. Military Service ☐ NONE

a. Branch of Service: _____ b. Serial Number: _____

c. Dates of Active Military Duty After September 7, 1939:

From _____ To _____ ALG/PRV/PRE

From _____ To _____ ALG/PRV/PRE

d. If MS prior to 1957, NH Receives/Eligible for Military/Civilian Federal Pension? ☐ YES ☐ NO

e. Evidence/Documentation in Claims Folder/MCS Screens: _____

f. Evidence Needing Verification: _____

3. Railroad Employment ☐ NONE

a. Number of Service Months on Earnings Record: _____

b. Were 5 or more years of railroad work alleged? ☐ YES ☐ NO

4. Prior Period of Disability ☐ NONE

a. PPD Shown on MBR: Date of Onset: _________ Term Date: _____

b. Documentation in File: _____

c. PPD Established by Desk Review: Date of Onset: _____ Term Date: _____

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
L. Computation Information	L. Computation Information
1. Work Issues	1. Work Issues
☐ Number Holder Agrees With DR Summary _____ ☐ Number Holder Disagrees With DR Summary: Year — Amount on E/R — Amount Alleged ____ _____ _____ ____ _____ _____ ☐ Evidence Obtained in Field Review: ______	
2. Military Service	2. Military Service
☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary: (Explain) ______ ☐ Evidence Obtained in Field Review: ______	
3. Railroad Employment	3. RR Employment
☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary: (Explain) _____	
4. Prior Period of Disability	4. Prior Period(s) of Disability
☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary: (Explain) _____	

II. NUMBER HOLDER

L. Computation Information

5. Windfall Elimination Provision

COMPLETE IF NUMBER HOLDER BORN JANUARY 2, 1924 OR LATER

a. NH has 30 or More Special Minimum Coverage Years.

☐ YES (Go to II.M.) ☐ NO

b. NH is Entitled to a Foreign or Domestic Pension, or Lump Sum in Lieu of a Monthly Periodic Pension, Based on Work After 1956 Not Covered by Social Security.

☐ YES ☐ NO (Go to II.M.)

(1) Date of First Eligibility to Pension (Month/Year): _____

(2) Date of First Entitlement to Pension (Month/Year): _____

(If either date is prior to 1986, go to 5.d.)

(3) Other Exception to WEP Applies: ☐ YES _____ ☐ NO
(If Yes, go to 5.d.)

c. Information About the Pension

(1) Agency or Organization from Which the Pension Is Received:

Name: _____

Address: _____

(2) Period(s) of Employment Upon Which the Pension Is Based (Include Both Employment Covered and Not Covered by Social Security):

From (Month, Year): _____ To (Month, Year): _____

From (Month, Year): _____ To (Month, Year): _____

(3) Period(s) of Employment After 1956 Not Covered by Social Security That Is Used to Determine the Pension:

From (Month, Year): _____ To (Month, Year): _____

From (Month, Year): _____ To (Month, Year): _____

(4) Amount of the Pension for the First Month the Claimant is Concurrently Entitled to the Pension and the Social Security Benefit:

Monthly Amount: $ _____ (Obtain proof if guarantee applies.)

d. Evidence/Documentation in Claims Folder/MCS Screens: _____

e. Evidence Needing Verification: ______

II. NUMBER HOLDER	Consolidated Review
L. Computation Information	L. Computation Information.
5. Windfall Elimination Provision	5. WEP
☐ Number Holder Agrees With DR Summary	
☐ Number Holder Disagrees With DR Summary:	
(Explain) _____	
☐ Evidence Obtained in Field Review: _____	

DESK REVIEW

II. NUMBER HOLDER

M. Current DIB Entitlement ☐ NOT APPLICABLE (Go to II.N.)

1. Period(s) of Disability

a. Current Established Onset Date: _____ b. Date of Entitlement: _____

c. Prior Period of DIB: ☐ YES (Complete Below) ☐ NO

Effect on Current Entitlement: ☐ Waiting Period ☐ Comps ☐ Medicare ☐ Other

_____

2. Disability-Related Work Information

a. Earnings After Current Established Onset Date: ☐ YES (Complete Below) ☐ NO

_____

b. Disability-Related Work Issues Explanation

☐ Trial Work Period _____

☐ Substantial Gainful Activity _____

☐ Unsuccessful Work Attempt _____

☐ Cessation _____

☐ Extended Period of Eligibility _____

☐ Termination _____

☐ Expedited Reinstatement _____

☐ Other _____

c. Evidence/Documentation in File: _____

d. Evidence Needing Verification: _____

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
M. Current DIB Entitlement	M. Current DIB Entitlement
1. Period(s) of Disability	1. Period(s) of Disability
☐ Number Holder Agrees With DR Summary	
☐ Number Holder Disagrees With DR Summary	
(Explain) _____	
2. Disability-Related Work Information	2. Disability-Related Work Info
☐ Number Holder Agrees With DR Summary	
☐ Number Holder Disagrees With DR Summary	
(Explain) _____	
☐ Evidence Obtained in Field Review: _____	

II. NUMBER HOLDER

3. Worker's Compensation/Public Disability Benefit (WC/PDB)

a. NH Filed for WC/PDB: ☐ YES ☐ NO (Go to II.M.4)

b. Status of Claim: ☐ Awarded (Complete Below) ☐ Denied ☐ Pending

c. Employer Name and Address Payer Name and Address

_____ _____

d. Describe Type of Payments Received: _____

e. WC/PDB Affects Review Period Payment: ☐ YES ☐ NO

(Explain) _____

f. Documentation in Claims Folder/MCS Screens: _____

g. Evidence Needing Verification: _____

4. Child-Care Dropout (Less than 3 Regular Drop-Out Yrs): ☐ YES ☐ NO (Go to II.N)

a. Child Under Age 3 Lived With NH During a Year That NH Had No Earnings:

☐ YES ☐ NO

b. Documentation in Claims Folder/MCS Screens: _____

c. Evidence Needing Verification: _____

II. NUMBER HOLDER	Consolidated Review
3. Worker's Compensation/Public Disability Benefit (WC/PDB) ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary: (Explain) _____ ☐ Evidence Obtained in Field Review: _____	3. WC/PDB
4. Child-Care Dropout Years ☐ Number Holder Agrees With DR Summary ☐ Number Holder Disagrees With DR Summary: (Explain) _____ ☐ Evidence Obtained in Field Review: _____	4. Child-Care Dropout

II. NUMBER HOLDER

N. Fugitive Felon

a. Are there any unsatisfied felony warrants for NH's arrest or for violations of probation/parole?

☐ YES ☐ NO (Go to II.O)

b. Evidence/Documentation in Claims Folder/MCS Screens: _____

c. Evidence Needing Verification: _____

O. Criminal Activities

☐ NH Not Involved in Any Criminal Activities Listed Below

☐ Removal (formerly Deportation)

☐ Offenses Against the National Security (Hiss Act)

☐ Subversive Activities

☐ Confined for a Criminal Offense

☐ Disability Determination Based on a Condition That Occurred During the Commission of a Felony After October 19, 1980

☐ Disability Determination Based on a Condition That Occurred During Confinement for a Felony Conviction

Evidence/Documentation in Claims Folder/MCS Screens: _____

Evidence Needing Verification: _____

P. Representative payee

Does the claims folder indicate an unresolved representative payee issue (need for payee change, etc.) for the sampled number holder?

☐ YES (Explain) ☐ NO

II. NUMBER HOLDER	Consolidated Review
N. Fugitive Felon NH states/desk review summary shows that there are no unsatisfied felony warrants for arrest or for violations of probation/parole. ☐ YES ☐ NO (Explain) _____ ☐ Evidence Obtained in Field Review: _____	N. Fugitive Felon
O. Criminal Activities If any of the criminal activities listed in II.O. of the desk review summary are involved, discuss and resolve below. _____	O. Criminal Activities
P. Representative Payee There is an indication that an unresolved representative payee issue exists (need for payee change, etc.) for the sampled number holder. ☐ YES (Explain) ☐ NO _____	P. Representative Payee

II. NUMBER HOLDER

Q. Consolidated Review Summary

☐ Desk and field review findings are in agreement.

☐ Desk and field review findings are not in agreement. Indicate the section(s) where the disagreement exists.

☐ Section A	☐ Section B	☐ Section C	☐ Section D
☐ Section E	☐ Section F	☐ Section G	☐ Section H
☐ Section I	☐ Section J	☐ Section K	☐ Section L
☐ Section M	☐ Section N	☐ Section O	☐ Section P

Additional Development/Findings/Remarks:

_____

Signature of Reviewer(s)

_____ Date: _____
Desk Reviewer

_____ Date: _____
Field Reviewer

_____ Date: _____
Consolidated Reviewer